

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of York
Township of Catawba

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

75234

or
Inc. Town of Registration District No. 4404 Registered No. 113
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)

(2) Full Name of Child... Jane Love } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 3 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jane Love

(14) NAME BEFORE MARRIAGE Odesse Love

(9) PRESENT POSTOFFICE OF FATHER Rock Hill

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Town Store

(19) OCCUPATION Solvent

(20) Number of children born to mother, including present birth } 2

(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or ~~stillborn~~) (Hour A. M. or P. M.) 2:30

(23) (Signature) Minnie Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Medwife

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/15/16 1916 (28) J. Smith Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.